

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
First District, Board of Supervisors			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168

Event Description: LA Phil Date(s) 3 / 2 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

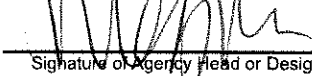
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Signature of Agency Head or Designee
 Megan Moret
 Print Name
 Ticket Administrator
 Title
 3/28/18
 (month, day, year)

Comment: \_\_\_\_\_

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Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 99

Event Description: LA Phil Date(s) 3 / 2 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

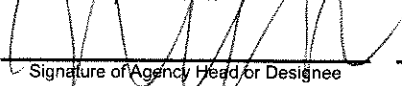
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• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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	Megan Moret	Ticket Administrator	3/28/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

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Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
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Comment:

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Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

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Event Description: LA Phil Date(s) 3 / 4 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil  
Name of Source

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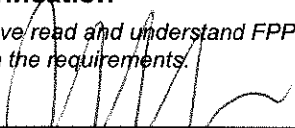
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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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Megan Moret, Ticket Administrator			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168

Event Description: LA Phil Date(s) 3 / 4 / 18      /      /     

*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

### 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

*I have read and understand FRPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

\_\_\_\_\_  
Signature of Agency Head or Designee

Megan Moret  
Print Name

Ticket Administrator  
Title

3/28/18  
(month, day, year)

Comment: \_\_\_\_\_

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Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator			
Area Code/Phone Number 213.974.4111	E-mail mmoret@bos.lacounty.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168

Event Description: LA Phil Date(s) 3 / 8 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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 Megan Moret
 Print Name
 Ticket Administrator
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Area Code/Phone Number 213.974.4111	E-mail mmoret@bos.lacounty.gov	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168

Event Description: LA Phil Date(s) 3 / 9 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168

Event Description: LA Phil Date(s) 3 / 10 / 18

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
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Area Code/Phone Number 213.974.4111	E-mail mmoret@bos.lacounty.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 99

Event Description: LA Phil Date(s) 3 / 10 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
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<b>Area Code/Phone Number</b> 213.974.4111	<b>E-mail</b> mmoret@bos.lacounty.gov	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> _____ (month, day, year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 99

Event Description: LA Phil Date(s) 3 / 11 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
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## 3. Recipients

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Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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Event Description: LA Phil Date(s) 3 / 16 / 18  
Provide Title/ Explanation

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Name of Source

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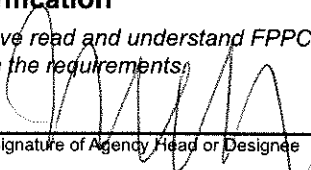
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	Megan Moret	Ticket Administrator	3/28/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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## 2. Function or Event Information

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Event Description: LA Phil Date(s) 3 / 16 / 18  
Provide Title/ Explanation

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 Signature of Agency Head or Designee
 
 Megan Moret  
 Print Name
 

 Ticket Administrator  
 Title
 

 3/28/18  
 (month, day, year)

Comment: \_\_\_\_\_

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Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168

Event Description: LA Phil Date(s) 3 / 17 / 18

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_

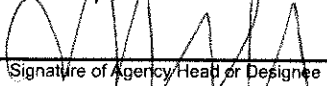
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• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee:  Megan Moret Ticket Administrator 3/28/18  
 Print Name Title (month, day, year)

Comment: \_\_\_\_\_

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> County of Los Angeles		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) First District, Board of Supervisors			
Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator			
Area Code/Phone Number 213.974.4111	E-mail mmoret@bos.lacounty.gov	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 99  
Event Description: LA Phil Date(s) 3 / 17 / 18  
Provide Title/ Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil  
Name of Source  
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

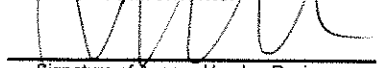
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Megan Moret Ticket Administrator 3/28/18  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
First District, Board of Supervisors			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 99

Event Description: LA Phil Date(s) 3 / 18 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

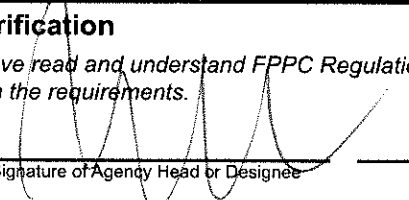
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Signature of Agency Head or Designee
 Megan Moret
 Print Name
 Ticket Administrator
 Title
 3/28/18
 (month, day, year)

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
First District, Board of Supervisors			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168

Event Description: LA Phil Date(s) 3 / 20 / 18

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: \_\_\_\_\_ Megan Moret \_\_\_\_\_ Ticket Administrator \_\_\_\_\_ 3/28/18  
 Print Name Title (month, day, year)

Comment: \_\_\_\_\_



**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
<b>Division, Department, or Region</b> <i>(if applicable)</i>			
First District, Board of Supervisors			
<b>Designated Agency Contact</b> <i>(Name, Title)</i>		<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>  <b>Date of Original Filing:</b> _____ <i>(month, day, year)</i>	
Megan Moret, Ticket Administrator			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 99

Event Description: LA Phil Date(s) 3 / 22 / 18  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

### 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

#### 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Megan Moret Ticket Administrator 3/28/18  
Print Name Title (month, day, year)

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b> County of Los Angeles		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) First District, Board of Supervisors			
Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator			
Area Code/Phone Number 213.974.4111	E-mail mmoret@bos.lacounty.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168

Event Description: LA Phil Date(s) 3 / 23 / 18

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee:  Megan Moret  
 Print Name: Megan Moret Ticket Administrator Title: 3/28/18  
 (month, day, year)

Comment: \_\_\_\_\_

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> County of Los Angeles		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) First District, Board of Supervisors			
Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator			
Area Code/Phone Number 213.974.4111	E-mail mmoret@bos.lacounty.gov	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168

Event Description: LA Phil Date(s) 3 / 24 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)


**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Megan Moret Ticket Administrator 3/28/18  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
First District, Board of Supervisors			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 99

Event Description: LA Phil Date(s) 3 / 24 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Megan Moret	Ticket Administrator	3/28/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
First District, Board of Supervisors			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 99

Event Description: LA Phil Date(s) 3 / 24 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

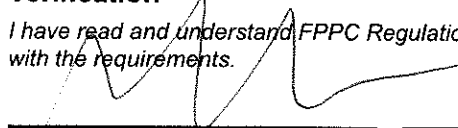
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Megan Moret	Ticket Administrator	3/28/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
First District, Board of Supervisors			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168

Event Description: LA Phil Date(s) 3 / 24 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Megan Moret	Ticket Administrator	3/28/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable) First District, Board of Supervisors			
Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator			
Area Code/Phone Number 213.974.4111	E-mail mmoret@bos.lacounty.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168

Event Description: LA Phil Date(s) 3 / 25 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

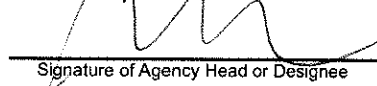
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Megan Moret	Ticket Administrator	3/28/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

**A Public Document**

## 2. Function or Event Information

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

## 4. Verification

3/28/18  
(month, day, year)

FPPC Form 802 (2/2016)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)



# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b> County of Los Angeles		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) First District, Board of Supervisors			
Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator			
Area Code/Phone Number 213.974.4111	E-mail mmoret@bos.lacounty.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 99

Event Description: LA Phil Date(s) 3 / 25 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

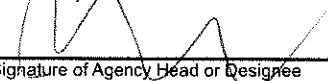
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Megan Moret	Ticket Administrator	3/28/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b> County of Los Angeles		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) First District, Board of Supervisors			
Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator			
Area Code/Phone Number 213.974.4111	E-mail mmoret@bos.lacounty.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168

Event Description: LA Phil Date(s) 3 / 27 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Signature of Agency Head or Designee
 Megan Moret
 Print Name
 Ticket Administrator
 Title
 3/28/18
 (month, day, year)

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
First District, Board of Supervisors			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168

Event Description: LA Phil Date(s) 3 / 28 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Megan Moret Ticket Administrator: 3/28/18  
Print Name Title (month, day, year)

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
First District, Board of Supervisors			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168

Event Description: LA Phil Date(s) 3 / 29 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

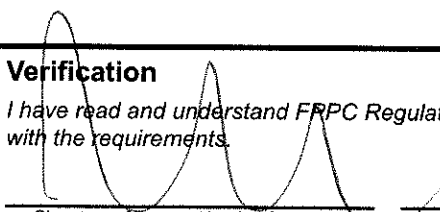
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FRPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Signature of Agency Head or Designee
 Megan Moret
 Print Name
 Ticket Administrator
 Title
 3/28/18
 (month, day, year)

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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<b>1. Agency Name</b> County of Los Angeles		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) First District, Board of Supervisors			
Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator			
Area Code/Phone Number 213.974.4111	E-mail mmoret@bos.lacounty.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 99

Event Description: LA Phil Date(s) 3 / 29 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Megan Moret Ticket Administrator: 3/28/18  
Print Name Title (month, day, year)

Comment: \_\_\_\_\_

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

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<b>1. Agency Name</b> County of Los Angeles		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) First District, Board of Supervisors			
Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator			
Area Code/Phone Number 213.974.4111	E-mail mmoret@bos.lacounty.gov	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 99

Event Description: LA Phil Date(s) 3 / 30 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Megan Moret	Ticket Administrator	3/28/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator			
Area Code/Phone Number 213.974.4111	E-mail mmoret@bos.lacounty.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 99

Event Description: LA Phil Date(s) 3 / 31 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Megan Moret	Ticket Administrator	3/28/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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Division, Department, or Region (if applicable)			
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Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 99

Event Description: LA Phil Date(s) 3 / 31 / 18

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Phil

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_

Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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Signature of Agency Head or Designee: \_\_\_\_\_ Megan Moret \_\_\_\_\_ Ticket Administrator \_\_\_\_\_ 3/28/18  
 Print Name Title (month, day, year)

Comment: \_\_\_\_\_



**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> County of Los Angeles <hr/> <b>Division, Department, or Region</b> (if applicable) First District, Board of Supervisors <hr/> <b>Designated Agency Contact</b> (Name, Title) Megan Moret, Ticket Administrator <hr/> <table style="width:100%;"> <tr> <td style="width:50%;"><b>Area Code/Phone Number</b></td> <td style="width:50%;"><b>E-mail</b></td> </tr> <tr> <td>213.974.4111</td> <td>mmoret@bos.lacounty.gov</td> </tr> </table>		<b>Area Code/Phone Number</b>	<b>E-mail</b>	213.974.4111	mmoret@bos.lacounty.gov	<div style="border: 1px solid black; padding: 5px;"> <b>Date Stamp</b>   <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <b>California Form 802</b>  <small>For Official Use Only</small> </div> <div> <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)   <b>Date of Original Filing:</b> _____  <small>(month, day, year)</small> </div> </div> </div>
<b>Area Code/Phone Number</b>	<b>E-mail</b>					
213.974.4111	mmoret@bos.lacounty.gov					

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes ☒    No ☐    Face Value of Each Ticket/Pass \$ 168

Event Description: LA Phil    Date(s) 3 / 31 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes ☐    No ☒    If no: LA Phil  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes ☐    No ☒    If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 _____ <small>Signature of Agency Head or Designee</small>	Megan Moret _____ <small>Print Name</small>	Ticket Administrator _____ <small>Title</small>
		3/28/18 _____ <small>(month, day, year)</small>

Comment: \_\_\_\_\_